

Name
in
Full

William Burris

22/1/1

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

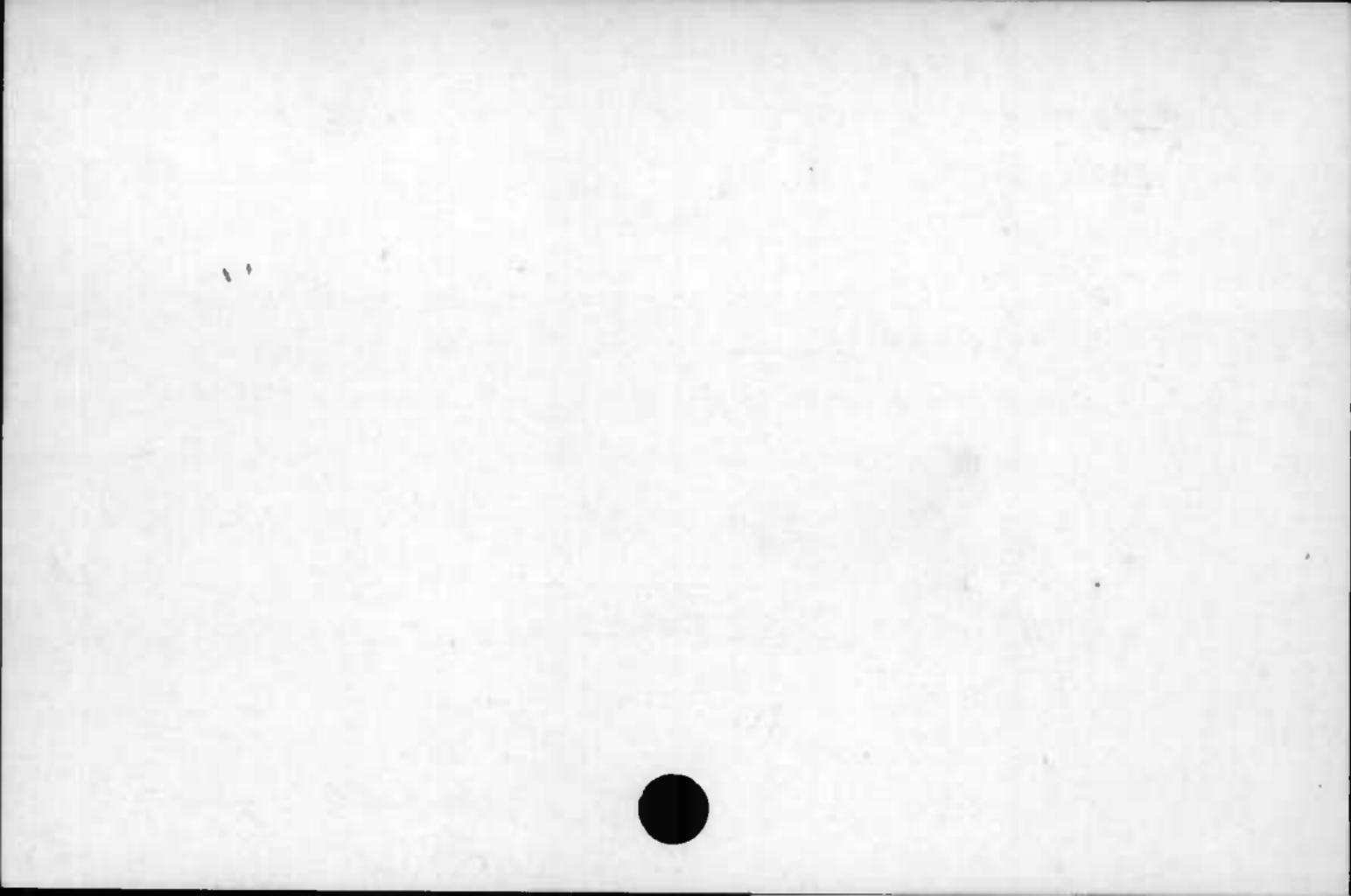
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Salisbury MD
1906 Jan 21 22
Male Black
Clem Burris
Felicia Adams
Clem Burris
Md
Md
Father

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Do not know	(179)	How long
Immediate	Dad no Doctor	(179)	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W H Bellomy & Co
		Address	Salisbury MD
Accident or Suicide?	no	undertakers ✓	



Name
In
Full

Lambat H. Cooper

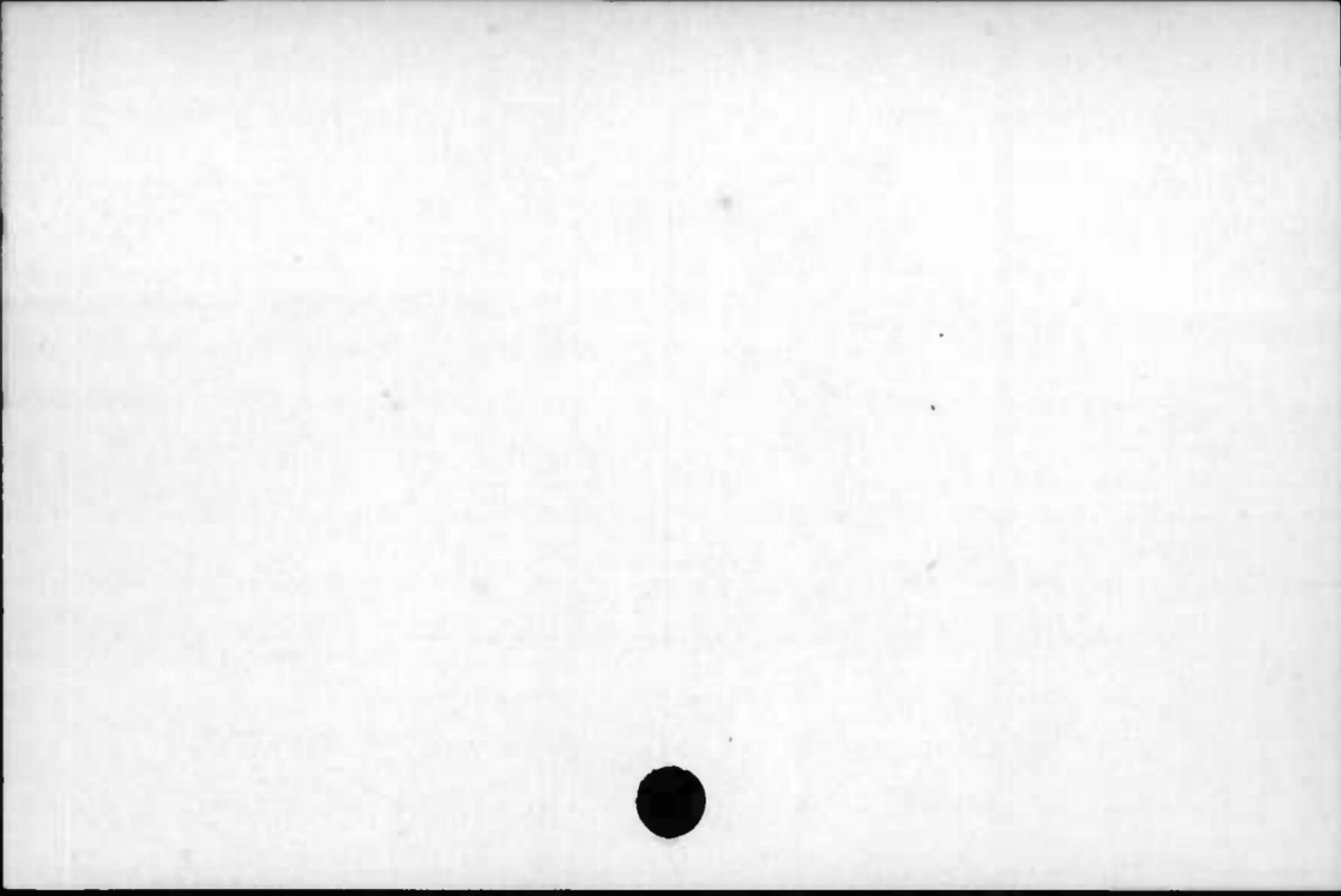
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Near Mandale		Town	Meerimice		County	MARYLAND	
Date of death 1906	Month Jan	Day 6	Age 70	Years 70	Months 2	Days -	
Sex Male	Color or Race white			Birth-place Md			
Occupation Former	Where Residing if not at place of death						
Married, Single or Widowed widowed	Name of Wife or Husband Martha Bradley						
Father's Name Lewis Cooper	Father's Birthplace Md						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information son	How related to deceased Son						

CAUSES OF DEATH

Primary	Bright's disease		How long 2 years
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes		
Physician or Coroner Coroner	Signature of Physician J. L. English	Address Mandala spgs	Md.
Accident or Suicide? ✓			



Name
in
Full

Ruby - Loy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1904	Month 1	Day 8	Years 15 Months 3 Days
Sex	Color or Race	white	Birth-place Md
Occupation	Where Residing if not at place of death Md		
Married, Single or Widowed	Name of Wife or Husband	None	
Father's Name	George, Loy	Father's Birthplace	Md
Mother's Maiden Name	Maggie Horsman	Mother's Birthplace	Md
Name of person giving information	Loy of Inquest	How related to deceased	--

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart failure (179)	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician I.L. English
Coroner.		Address 1261 Madison Avenue
Accident or Suicide?	— —	

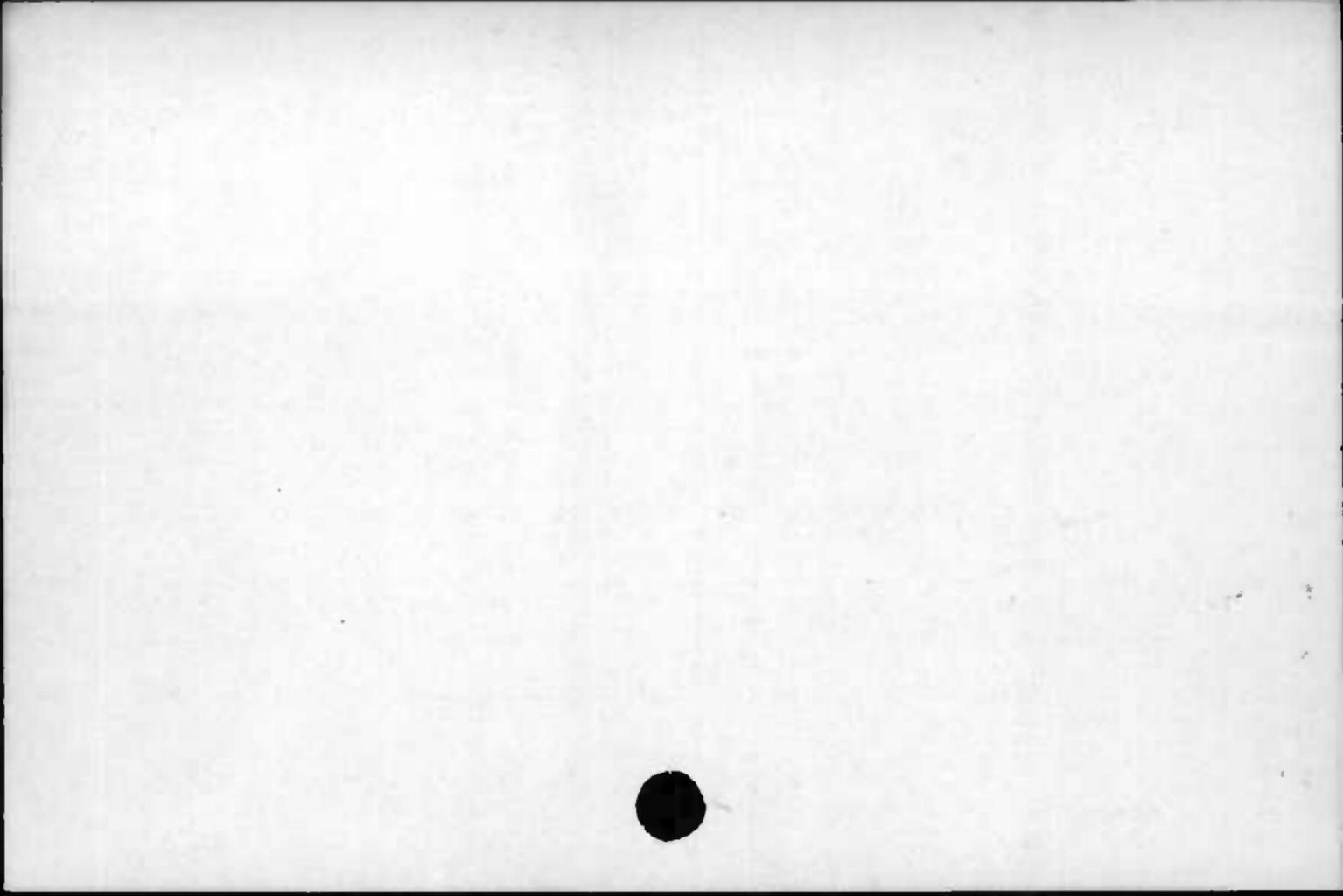


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at	Town	County			MARYLAND
Salisbury	Wicomico				
Date of death	Month	Day	Years	Months	Days
1906	January	6 th	55	11	3
Sex	Bale	Color or Race	White	Birth-place	Maryland
Occupation	Farmer			Where Residing if not at place of death	
Married, Single or Widowed	Karoid	Name of Wife or Husband	Virginia	Father's Birthplace	Wicomico Co Md
Father's Name	James Wesley Downing			Mother's Birthplace	Worcester Co Md
Mother's Maiden Name	Sarah C. Smith			How related to deceased	Brother
Name of person giving information	W. J. Downing			93	
CAUSES OF DEATH					
Primary	Acute lobar Pneumonia (double)			How long	6 days
Immediate	Heart failure			How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Louis W. Morris M.D.	
			Address	Salisbury Md.	
Accident or Suicide?					



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Infant		no name		Elliot		CERTIFICATE OF DEATH	
Died at	Town	Wicomico		County		MARYLAND	
Date of death	Month	Age	Years	5	Months	1	Days
1906	Jan	16					
Sex	Color or Race	White		Birth-place		Salisbury Md	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	William B Elliott				Father's Birthplace		Md
Mother's Maiden Name	Ellen Phippen				Mother's Birthplace		Md
Name of person giving information	William B Elliott				How related to deceased		Father

CAUSES OF DEATH

Primary

Improper Feeding
 Ehleto Colitis

How long

How long

Immediate

think
so

(105)

all life

Don't know

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. W. Todd

Salisbury Md

Accident or Suicide?



Name
in
Full

Sallie A. Ellis

CERTIFICATE OF DEATH

To BE ANSWERED BY -

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Birth- place		
Occupation	Where Residing If not at place of death			
Married, Single or Widowed	Name of Wife or Husband	George Ellis		
Father's Name	William Moore			
Mother's Maiden Name	Nellie Crockett	Father's Birthplace	Del.	
Name of person giving Information	Mrs. Mary E. Moore	Mother's Birthplace	"	
		How related to deceased	Niece	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Brigids Disease

120

How long

2 years

Immediate

Pulmonary edema

How long

1/2 hour

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. Maynard
Salisbury, Md

Accident or Suicide?

no



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary W. Hermann
Baltimore

CERTIFICATE OF DEATH

Died at Town Wisconsin County MARYLAND
Date of death 1906 Month June Day 5 Years 1 Months 7 Days 7

Age 1 Birth-place Md
Sex Female Color or Race White

Occupation Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Albert W. Hermann

Father's
Birthplace

Corrie Reid

Mother's
Birthplace

How related
to deceased

Mel
Kay
Mother

CAUSES OF DEATH

Primary

Swallowing concentrated lye

How long

6 weeks ago

Immediate

Custodial bronchitis

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

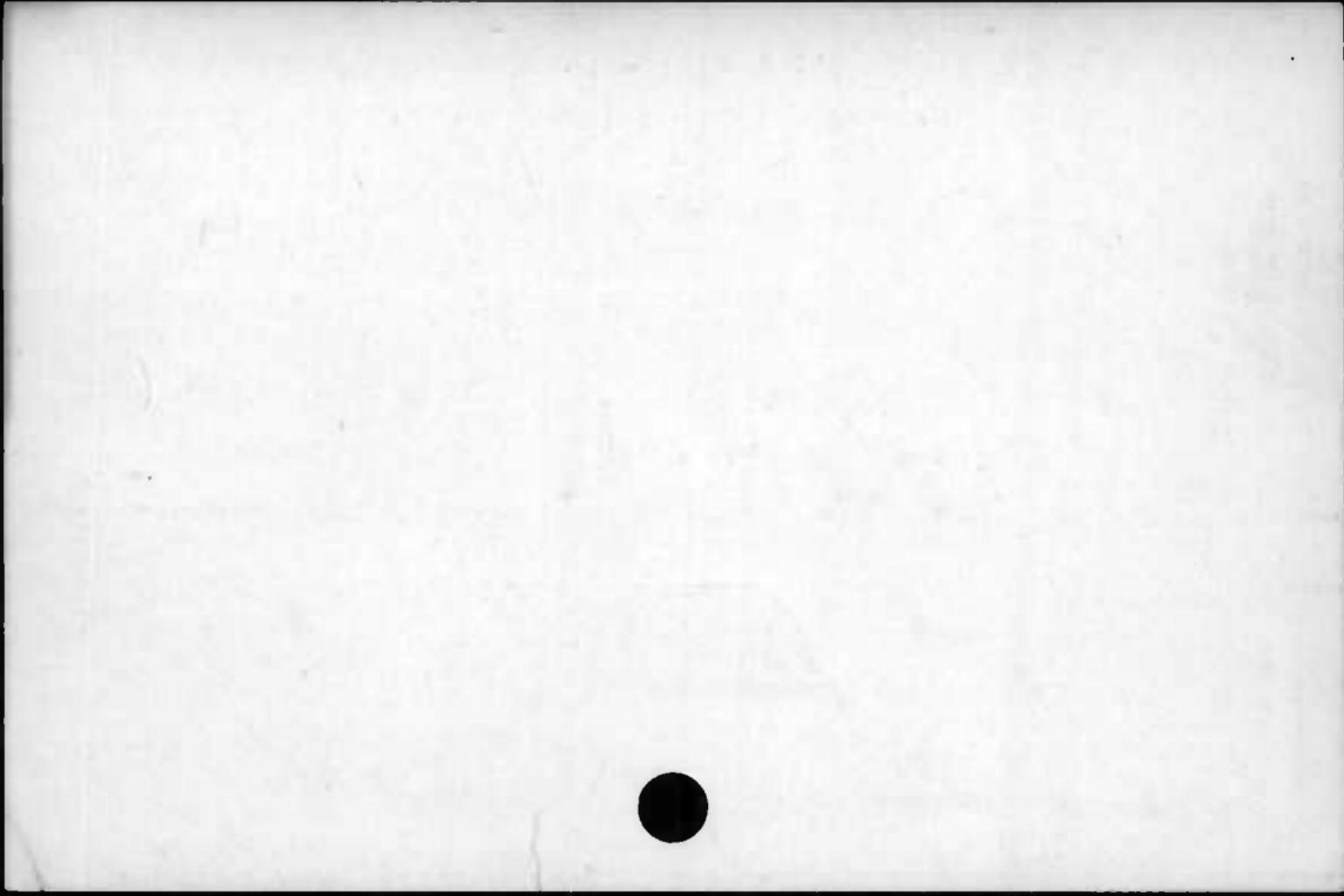
Yes

Signature of
Physician

Address

McGowens
Salisbury, Md

Accident or Suicide?



Name
in
Full

Mary E Green

CERTIFICATE OF DEATH

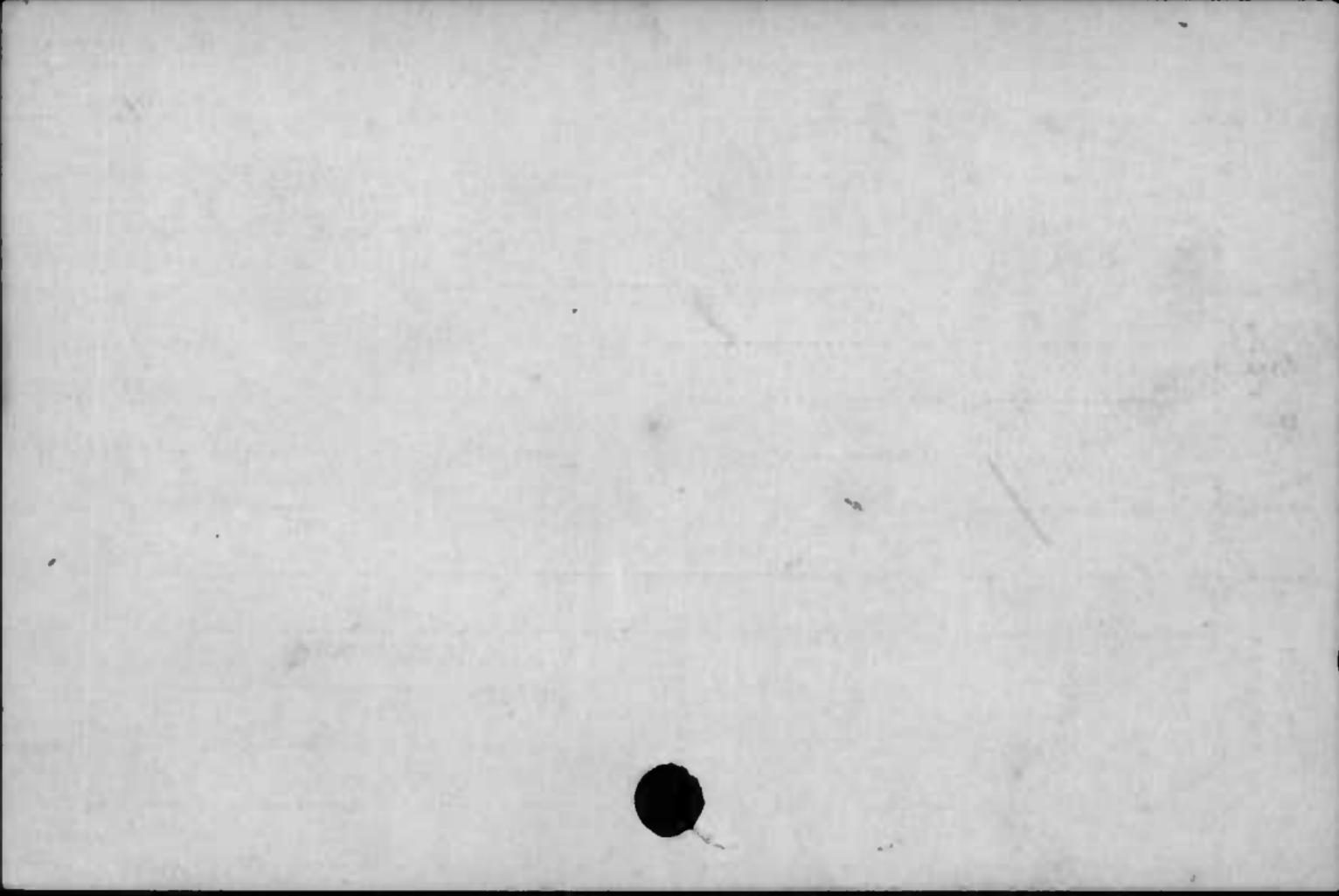
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	white	Birth-place	Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Willie F Green	Father's Birthplace	Md		
Mother's Maiden Name	Harriet F Green	Mother's Birthplace	D.C.		
Name of person giving information	S. H. Green	How related to deceased	Grandfather		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Sickness		151	How long
Immediate	Heart failure			3 months
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
L. Seabrook			Address	Maryland
Accident or Suicide?				no



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Infant Ingersoll (M M)

CERTIFICATE OF DEATH

MARYLAND

Died at <i>Frostville</i>	Town	County <i>Decatur</i>			
Date of death <i>1906</i>	Month <i>1</i>	Day <i>5</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Frostville</i>	

Occupation <i>Sale</i>	Where Residing if not at place of death <i>11</i>
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Married, Single or Widowed	Name of Wife or Husband
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Father's Name	<i>Oscar Ingersoll</i>
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Mother's Maiden Name	<i>Nellie H Roberts</i>
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Name of person giving information	<i>Mary H Roberts</i>
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Father's Birthplace	<i>Green Hill</i>
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Mother's Birthplace	<i>Frostville</i>
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How related to deceased	<i>uncle</i>
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CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Struck down</i>	How long
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Immediate <i>8</i>	How long
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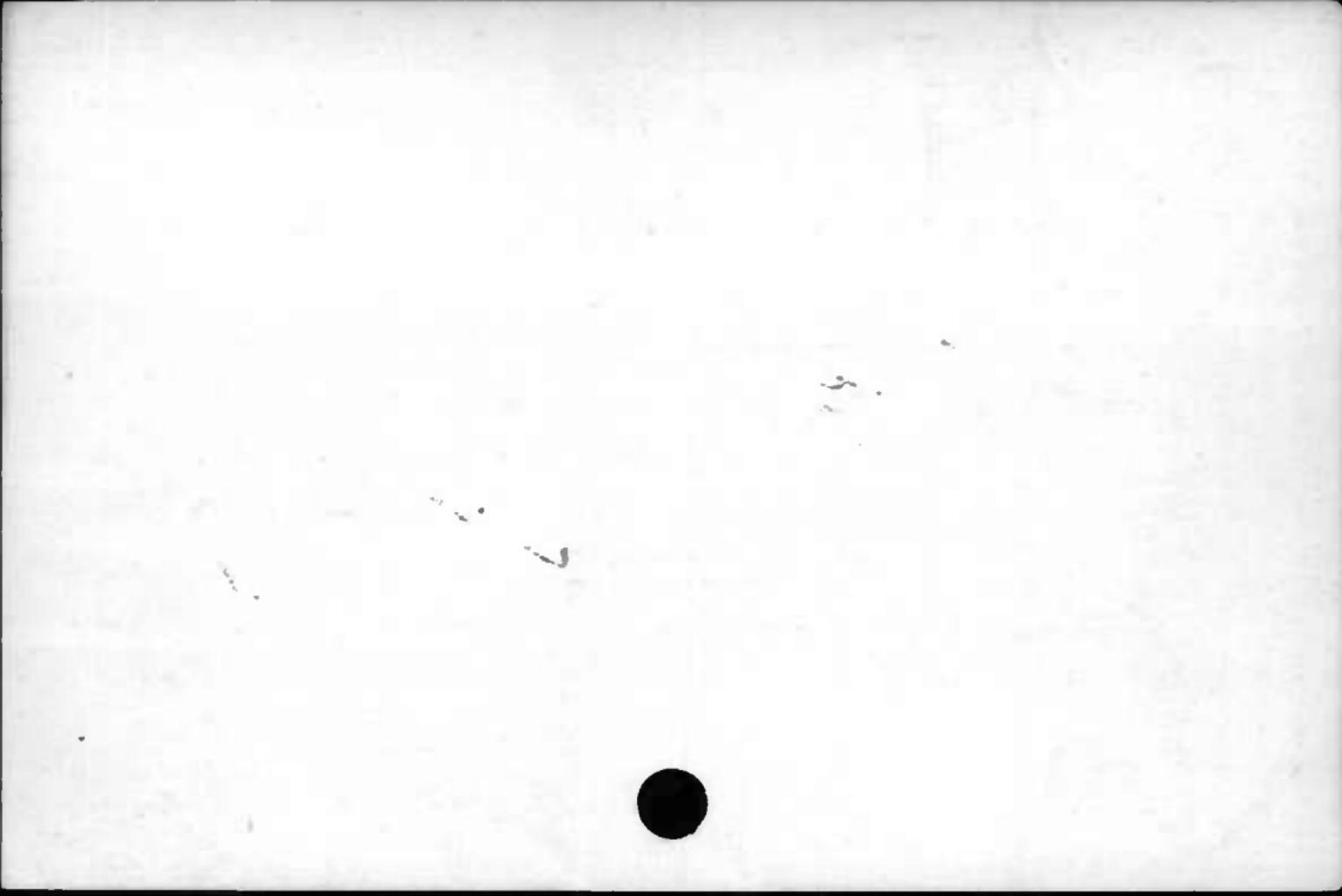
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
--	------------------------

J C Bishop

Address

Accident or Suicide?	
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*MacClester
Md*



Name
in
Full

Bessie Jones

CERTIFICATE OF DEATH

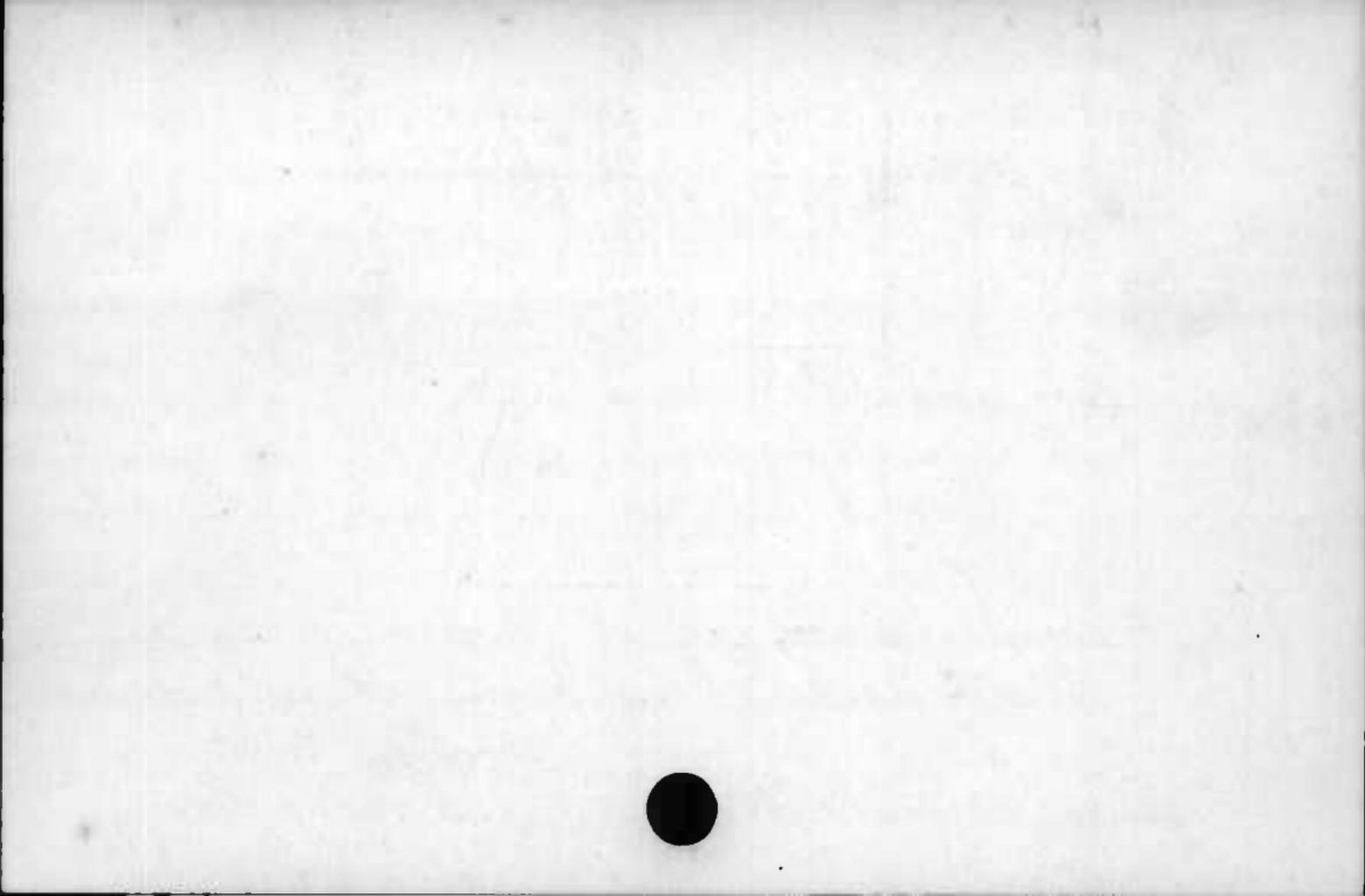
To BE ANSWERED BY
NEAREST FRIEND

Died at	Salisbury	Town	Wicomico	County	MARYLAND
Date of death	1906	Month Jan	23	Day	Years 9
Age	5	Months	Days		
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	School girl	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	Md
Father's Name	John W Jones			Mother's Birthplace	Md
Mother's Maiden Name	Augusta Pussey		(16)	How related to deceased	Father
Name of person giving information	John W Jones				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Extensive burns on face & body, also	How long
Immediate	short	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	Salisbury Md	



Name
in
Full

Elenora Jones 22/1/11

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1906	Jan	12th	Age one Four
Sex Female	Color or Race Black	Birth-place Near Salisbury Md.	Where Residing if not at place of death
Occupation	Wife or Husband		
Married Single or Widowed	Name of Wife or Husband		
Father's Name	James H. Jones		
Mother's Maiden Name	Laura Apstur		
Name of person giving Information	Frank H. Jones (no)		
CAUSES OF DEATH			
Primary	Not known		
Immediate	Supposed to have been		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
		Geo. C. Hill	2 or 3 months
No Physician attended		Address	How long
hu		Undertaker	Heart disease
Accident or Suicide?		Salisbury Md.	

PHYSICIAN
OR CORONER



Name
in
Full

George W. Morris

22/1/11

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Tony Tank Wicomico

1906 Jan 19 77

Male Black Near Franklin Md.

Labrour

Widower Mariah Morris

Not known

Seah Seankford

John W. Goadwin

Son in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

He had no Physician

How long

Immediate

Supposed to have died of stroke of Paralysis

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

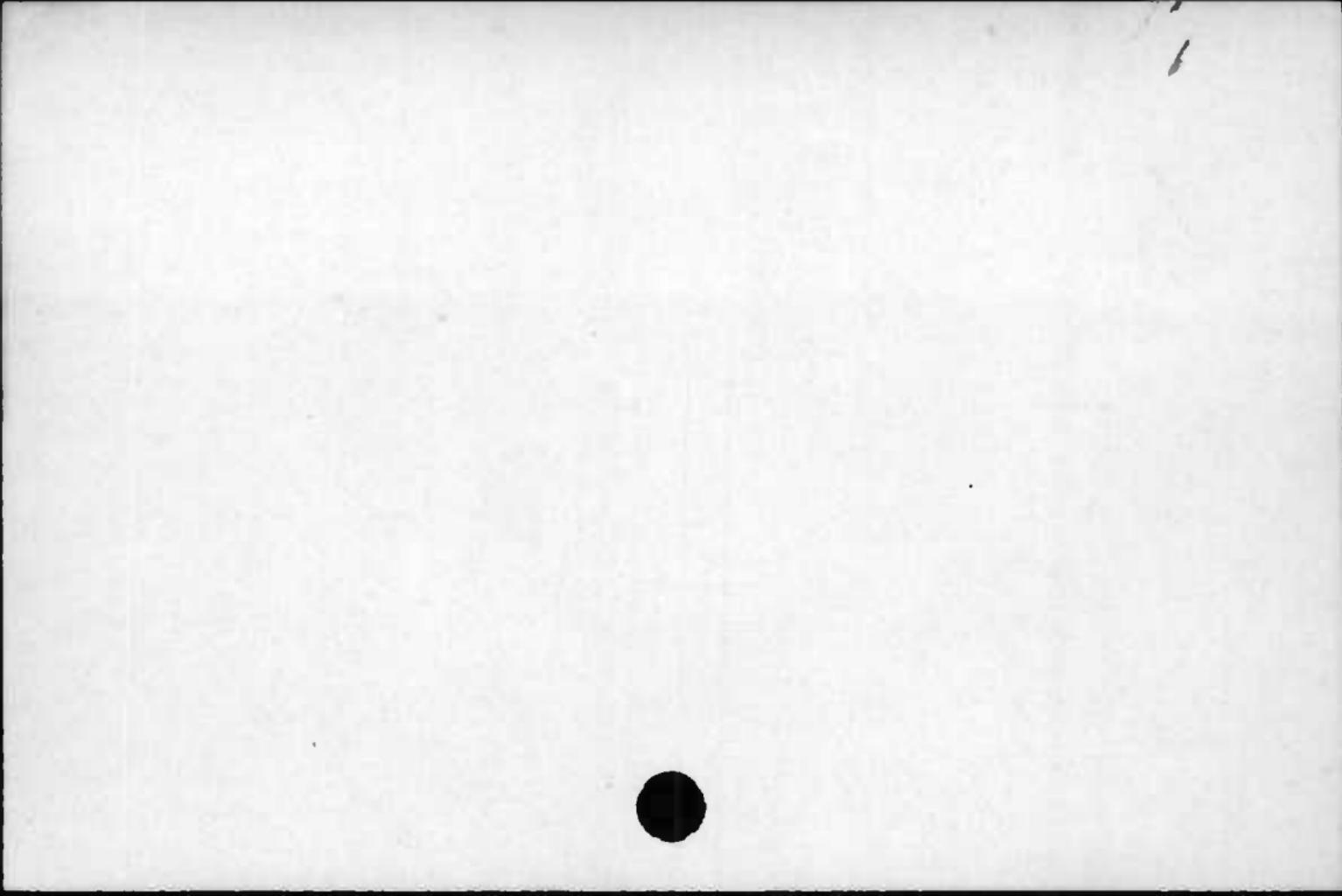
Address

Geo. C. Hill

Accident or Suicide?

Undertaker

Salisbury Md.



Name
in
Full

Martha Pallitt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Mel
Father's Name	Ephraim Pallitt	Mother's Birthplace	Mel
Mother's Maiden Name	Eliza J. Pallitt	How related to deceased	Mel
Name of person giving information	George Pallitt	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

How long

93 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. M. Stevens M.D.
Salisbury, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Marie Burnell

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
1906 Jan 1		80			
Sex	Female	Color or Race	Black	Birth-place	Md
Occupation	Housework				
Married, Single or Widowed	Where Residing if not at place of death				
Father's Name	Lavinia Robins				
Mother's Maiden Name	Mary Robins				
Name of person giving information	Oliver Burnell				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age & General Debility	How long
Immediate	Chronic	How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Nancy Telle M.D.
Salisbury Md.

Accident or Suicide?



Name
in
Full

Hilsi Robinson

22/1/16

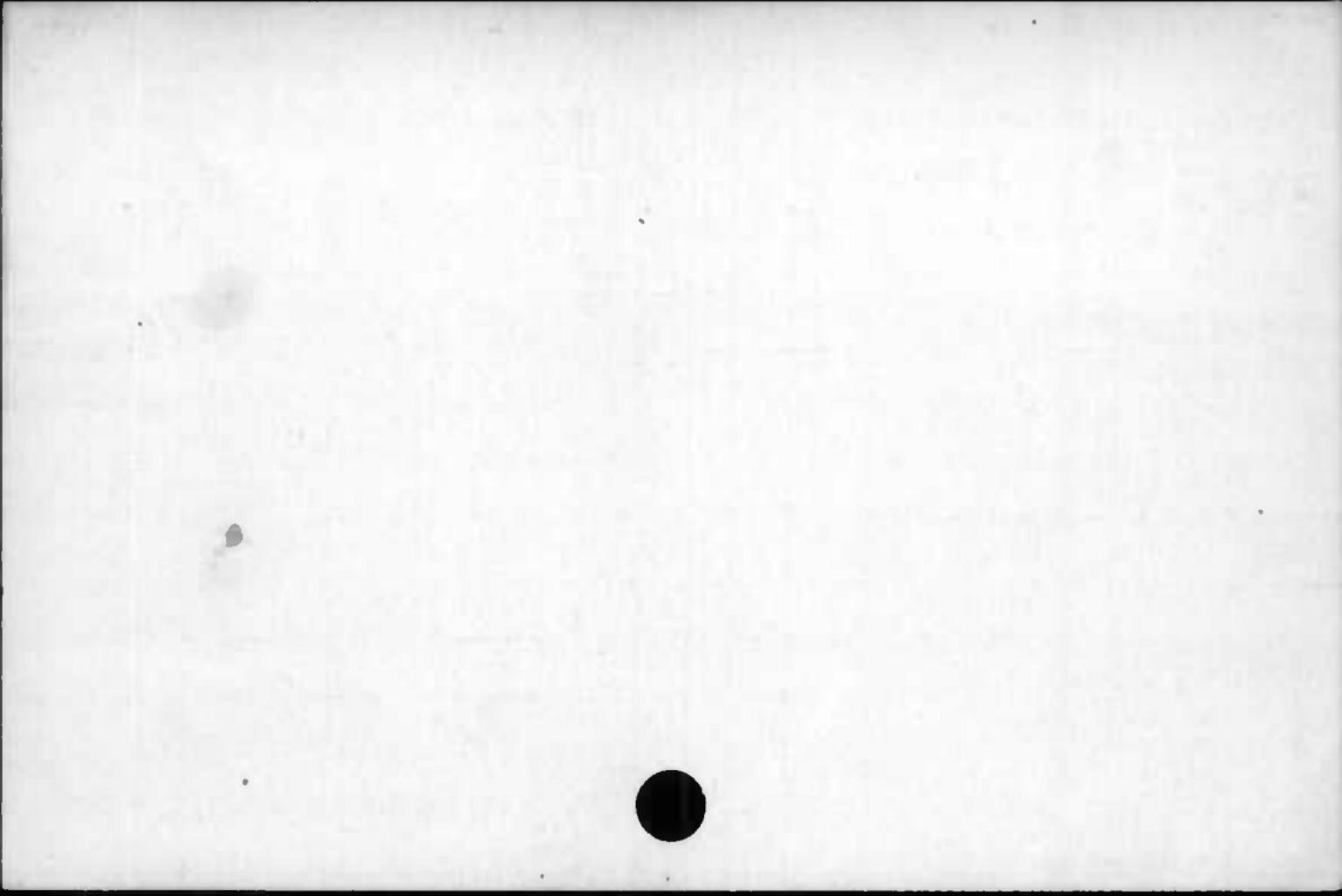
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married or Widowed	Name of Wife or Husband	Do not know	
Father's Name	Do not know		
Mother's Maiden Name			
Name of person giving information	Levin Peters		
How related to deceased no relation			

PHYSICIAN
OR CORONER

CAUSES OF DEATH			
Primary	Paralyzed	(16)	How long 12 or 15 yrs
Immediate	had no Doctor		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W C Holloway & Co Address Salisbury Md Undertaker	
Accident or Suicide?		no	



Name
in
Full

Leah Toadwine
Fruitland

CERTIFICATE OF DEATH

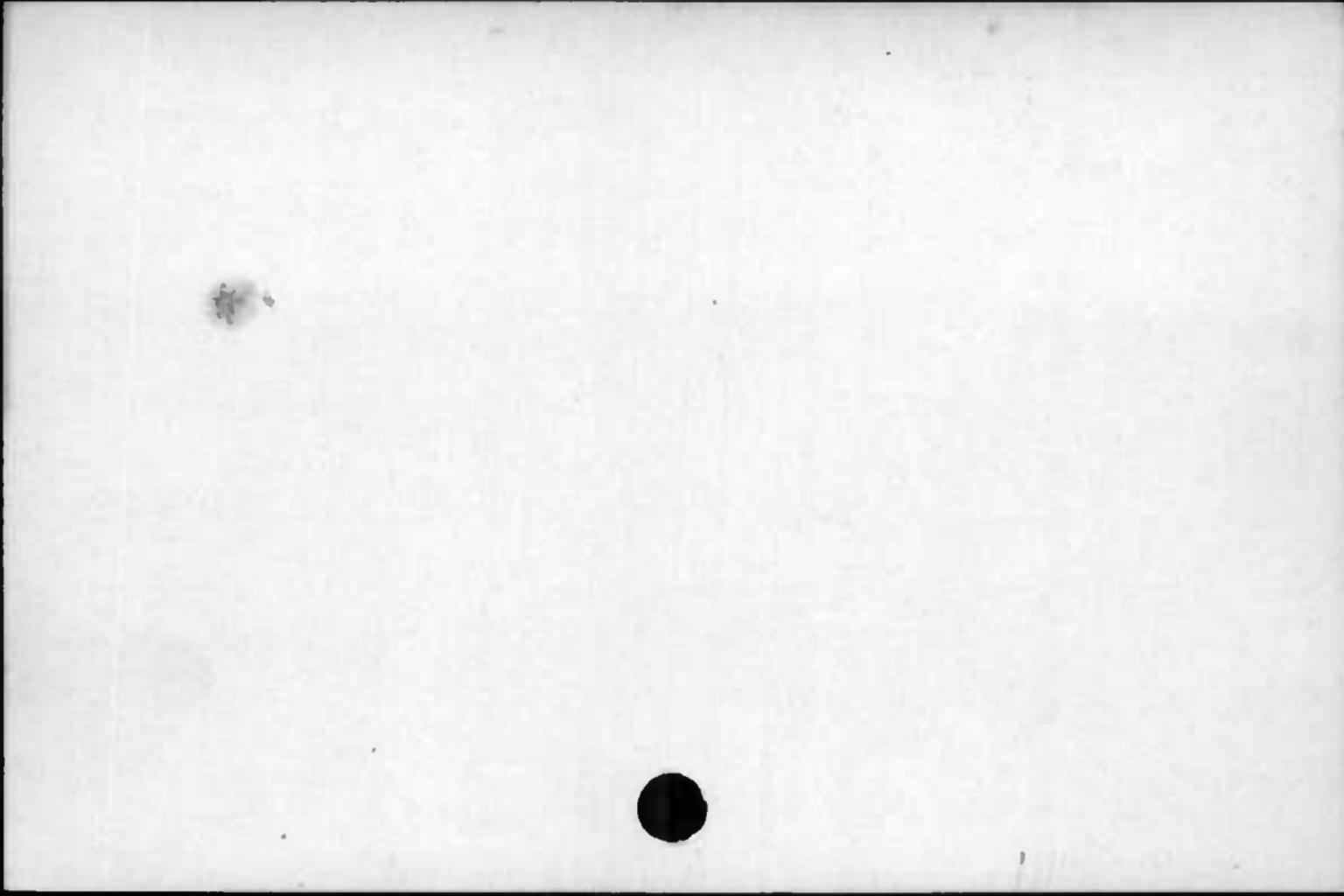
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widower	Name of Wife or Husband	John W. Toadwine	Father's Birthplace		
Father's Name	George Morris	Md.	Mother's Birthplace		
Mother's Maiden Name	not known	None	How related to deceased		
Name of person giving information	John H. Williams				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes mellitus	(50)	How long
Immediate	Coma		1 year or longer, How long 26 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. McGehee
		Address	Salisbury, Md
Accident or Suicide?			v



Name
in
Full

Jennie Townsend 22/1/15

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Geo. W. Townsend	
Father's Name	Ephriam Banks	Fruitland Md.	
Mother's Maiden Name	Mary J. Johnson	(?)	" "
Name of person giving information	Geo. W. Townsend	How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	No Physician attended her for several weeks	How long
Immediate	Supposed to consumption of the lungs	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Geo. C. Hill
		Address
Accident or Suicide?		Undertaker
		Salisbury Md.



Name
in
Full

John Slager

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

118

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Died Suddenly, probably, Disengaged Heart

How long

Immediate was dead when I saw him $\frac{1}{2}$ hour.

How long

Are the name, age, sex, color, date and place correctly given above?

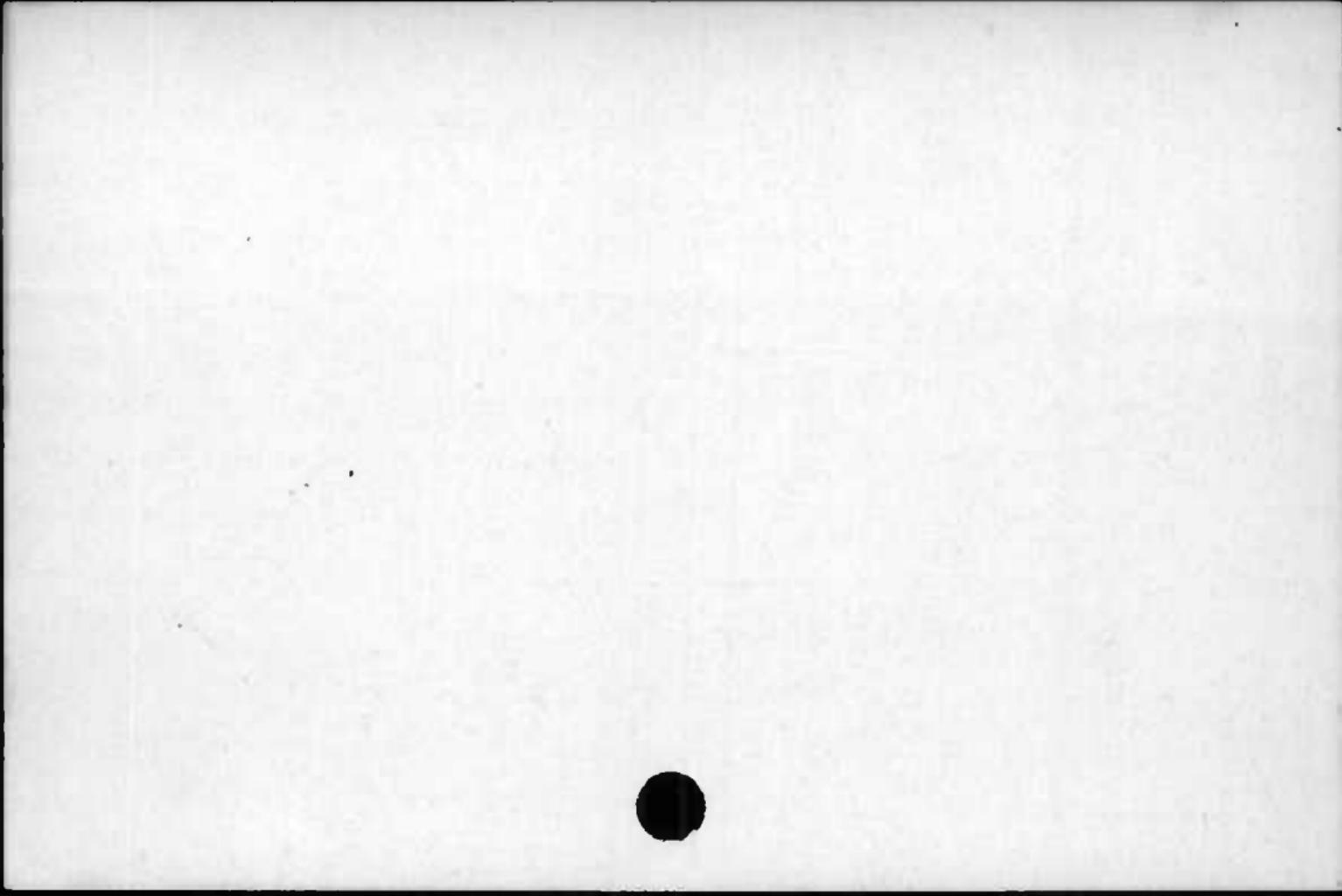
Signature of Physician

Address

Louis W. Reavis M.D.

Ovalisbury Md.

Accident or Suicide?



Name
in
Full

Edward B Wales

22/1/16

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Salisbury	Town	County	MARYLAND	
Date of death	1906	Month	Years	Months	Days
Sex	male	Day	Age		
Occupation		Color or Race	Black	Birth-place	Salisbury Md
Married, Single or Widowed		Where Residing if not at place of death			
Father's Name	Hulley B Wales		Father's Birthplace	Md	
Mother's Maiden Name	Clara A Laws	(79)	Mother's Birthplace	Md	
Name of person giving information	Hulley B Wales		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Do not know

How long

all its life

Immediate

had no Doctor

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

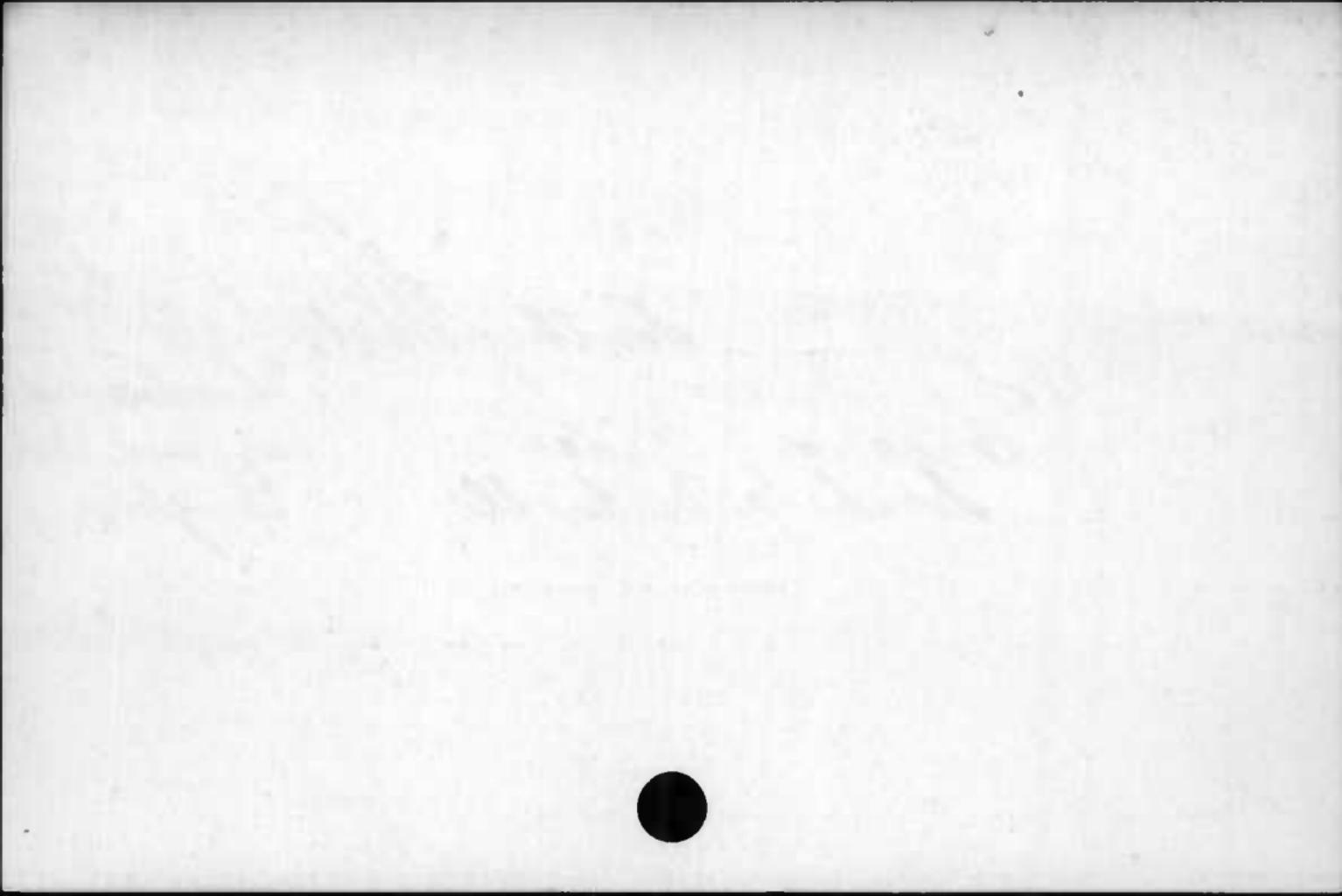
Address

W C Holloway & Co

Salisbury Md
VanderTakens

Accident or Suicide?

no



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Jane S. Whittington				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	White	Birth-place	Salisbury Md.		
Occupation		Where Residing if not at place of death			Salisbury Md.		
Married, Single or Widowed	Widow	Name of Wife or Husband	Southey Whittington	Father's Birthplace	Daantie Md.		
Father's Name	John Rider			Mother's Birthplace	Hur Lock Del.		
Mother's Maiden Name	Eleanor Rider			How related to deceased	Daughter		
Name of person giving information	Josch E. Dashiell						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

artus-scleroris

64

How long

several year

Immediate

Cerebral hemorrhage

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Josch E. Dashiell
Salisbury Md.

Accident or Suicide?

no



Name
in
Full

CERTIFICATE OF DEATH

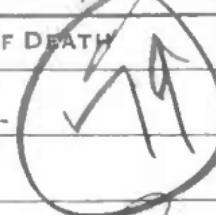
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Sharptown</u>		Town _____	County <u>Wicomico</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>2</u>	Age <u>34</u>	Years <u>3</u>	Months <u>7</u>	Days <u>5</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Sharptown</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband	George W Wright				
Father's Name <u>Thomas Phillips</u>	Father's Birthplace <u>Wicomico</u>					
Mother's Maiden Name <u>Betsy Walker</u>	Mother's Birthplace "					
Name of person giving information <u>Mapria Bailey</u>	How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

Primary

Heart trouble

How long

2 years

Immediate

Congestion

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

L. J. Lassauay
Shooflower - T.
Md

Accident or Suicide?

